

WHAT'S UP WITH COVID AND HOW TO PROTECT YOURSELF 2024 EDITION



Here's the real tea:

COVID is airborne & moves like smoke.

Because the virus is transmitted by respiratory aerosols⁶--the fog that you can see exhaled on a cold day.

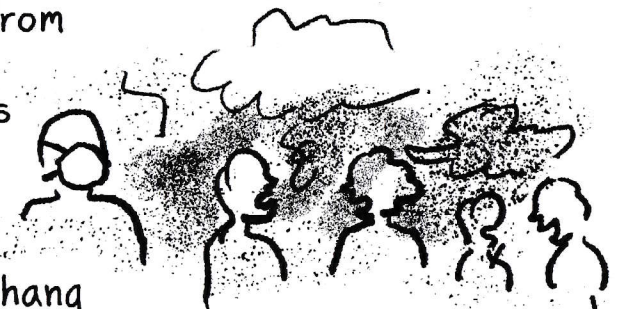
Could you smell if someone was smoking?
Then you could inhale their COVID virus.



This is why *airflow*, *filtration*, and *limiting contacts* are key to stopping infections.

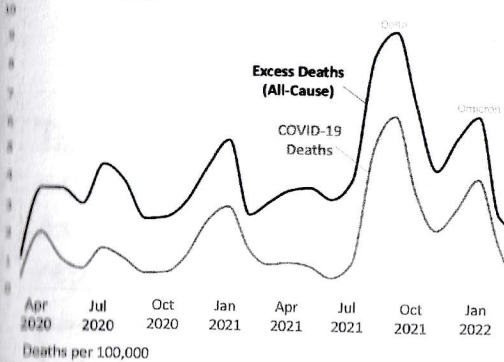
Six feet apart $\neq$ safe

That's old news, from when scientists *hoped* COVID was mainly spread by large droplets.



Turns out, it can hang in the air for hours.⁷

**Excess Deaths and COVID Deaths
in Young Adults (age 18-49)
United States**

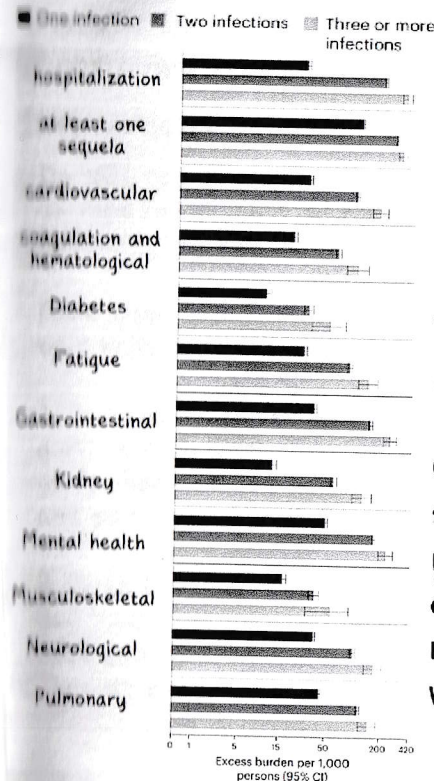


So far in 2024,
at least 1,000 people are
officially dying of COVID
in the U.S. every week.¹⁸

Chances of having a
heart attack¹⁹ or stroke²⁰
go way up after a COVID
infection, so it contributes
to many more deaths than
the official count.²¹

**Repeat infections
are hurting us.**

Fig. 3 | Cumulative risk and burden of sequelae in people with one, two and three or more SARS-CoV-2 infections compared to noninfected controls.



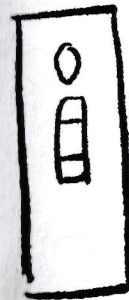
*The chances of bad shit
happening get higher
each time you get infected.*²²

Viral fragments have been
found in tissue samples even
12 months post-diagnosis.
Viral persistence is a likely
mechanism of Long COVID.²³

COVID disregulates the immune
system, even in recovered
patients.²⁴ We've seen outbreaks
of RSV, mpox, polio, TB,²⁵ and
more²⁶--possible signs of
widespread immune dysfunction.²⁷

Rapid tests give a lot of false negatives.

Taking a single rapid test only successfully detects ~60% of early symptomatic infections and ~12% of asymptomatic infections.³⁴ The FDA now recommends repeat testing after a negative result.³⁵



Positive:
you have
COVID.



Negative: you *might* have COVID. Try again in 48 hours, or get a PCR test, especially if you have symptoms or known COVID exposure.

Improve test accuracy by collecting a combined nose and throat sample!³⁶

Instructions (from Ontario Health³⁷):

Do NOT eat, drink, chew gum, smoke, or vape for at least 30 minutes before collecting the sample.

Blow your nose first. Wash your hands and only hold the swab opposite the soft swab tip.

1. Swab between the inner cheek and lower gum, on both sides. Then, swab your tongue, as far back as you can. *Or*, look in a mirror and swab your tonsils.³⁸

2. Swab the nasal wall. Tilt your head back and insert the swab straight back (not up) until you hit resistance. Rotate several times. Then do the other nostril.

Order free
COVID tests
(if covered by
insurance):

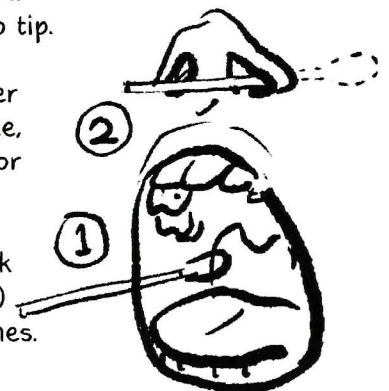


fastlabtech.com

Find free
testing
locations:



testinglocator.cdc.gov



Seal check: Cover the surface with your hands. Can you feel the mask going *IN* when you inhale and *OUT* when you exhale? That's good.



If you feel any air leaking around the edges, the mask doesn't fit properly.⁴³



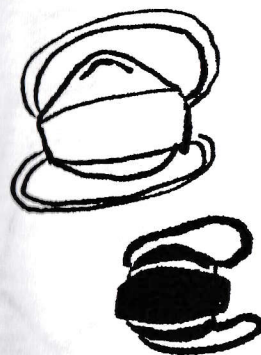
To better know if a particular mask fits you, try a DIY fit test.⁴⁴



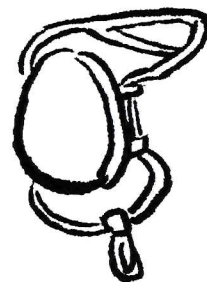
Source control is *better* at stopping transmission than just the uninfected person wearing a mask! But both people masking is safest.⁴⁵



3M Aura is a good disposable respirator.⁴⁶
(buy from a hardware store or stauffersafety.com, Amazon is full of fakes!)



EnvoMask Pro⁴⁷ and FloMask Pro⁴⁸ are good elastomerics.



Laianzhi HYX1002 is currently the best mask that comes in black.⁴⁹

fit test results:
testtheplanet.org

BAD NEWS ABOUT NASAL SPRAYS

MARCH 2025 UPDATE



These have been much-discussed as an extra layer of COVID protection, but 1 of only 2 RCTs backing them up has been withdrawn by the publisher.⁵³

Nasal spray studies have the glaring flaw that spray ingredients themselves could potentially cause a false-negative COVID test.⁵⁴ There are other major issues, too.

XYLITOL (RCT 1)



This study was retracted by the journal in March 2025.

IOTA-CARRAGEENAN (RCT 2)



Study participants who were lost to follow-up were presumed *not* to have gotten COVID, possibly skewing results.⁵⁵

NITRIC OXIDE (ENOVID)

Participants had to request the spray, suggesting they might take more precautions. No placebo group.⁵⁶



MOUTHWASH



In the studies finding that gargling reduces viral load in the mouth, the reduction isn't statistically significant (may be chance).⁵⁷

S. SALIVARIUS K12

Small number of participants and short duration. No placebo group.⁵⁸



early treatment

Paxlovid is an anti-viral medication may lower Long COVID risk by ~25%.⁶⁴ It's prescribed for those at increased risk of severe illness . . . which is 75% of U.S. adults.⁶⁵ It must be started within 5 days of symptoms.

Ideally, you can get a Paxlovid prescription from home with a telehealth doctor visit. More options:

Find a *Test to Treat* site (free prescriber visit) and/or a *Paxlovid Patient Assistance Program* site (free Pax for eligible people).



treatments.hhs.gov



ondemandexpresscare.video/landing

In New York State, you can get assessed through *Virtual ExpressCare* or by calling **212-COVID-19**.

(outrageously insufficient, i'm sorry!!)

Here are the meds that one Doctor of Pharmacy who researches Long COVID recommends to reduce symptoms and risk of developing Long COVID (updated 9/14/2024):

Melatonin - sleep aids recovery, maybe other benefits

Nattokinase - helps reduce microclots

Metformin - prescription med, lowers viral load and may reduce LC risk

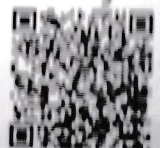
EGCG - antioxidant found in green tea, also available as a supplement. Inhibits SARS-CoV-2 replication.

Lactoferrin - competes for ACE2 receptor docking

Paxlovid

Rationale and dosing:

pharmd.substack.com/p/i-have-covid-what-should-my-kids



I have COVID, now what??

What I'm planning to do if/when I get COVID again. Not medical advice. I am not a doctor.



People's CDC has a detailed
"What to Do if You Have COVID" guide.
Gather supplies *before* you get sick!

There's still a chance to stop the spread!

Reduce the chances of infecting others in your household by isolating ASAP, ventilation, and everybody wearing masks.

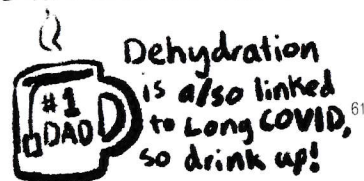
*People stay infectious for at least 10 days!*⁵⁹

After that, test to find out if you're negative.

Don't go out if you can help it. If it's an emergency that can't be delegated or postponed, wear a *respirator!!!*

(In a catch-22, you may need results from an in-person PCR test to get disability benefits or Long COVID care down the road.⁶⁰)

REST.



Inadequate rest can worsen or potentially even cause Long COVID.⁶² *Don't work out!!* Avoid exertion as much as possible, during infection and in the weeks after. Rest and pacing are also crucial for dealing with chronic fatigue syndrome, a common Long COVID condition.⁶³

Go outside for more airflow to disperse the virus!

Outdoor COVID transmission is still possible, but it's much safer than an enclosed space.⁵⁰



Failing that, open windows, run fans to pull in fresh air, and use HEPA air purifiers.⁵¹

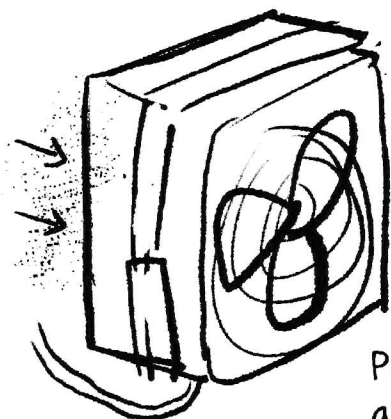


Get a cross-breeze going!

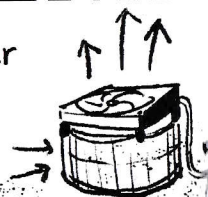
You can make a DIY air purifier by taping a furnace filter to a box fan.



instructions:
cleanaircrew.org



Mini DIY purifier
with a PC fan
and round
HEPA filter!



Purifiers also help with pet allergies and wildfire smoke!⁵²

What we can do:



Don't breathe COVID in.
It's all about **MASKS**
and **AIRFLOW**.

Wear a mask with N95
or better filtration (aka
a respirator), and make
sure there are no gaps.

*A mask is only
as good as its seal!*

Head-straps give
a better seal than
ear-loops,³⁹ and are
more comfortable!

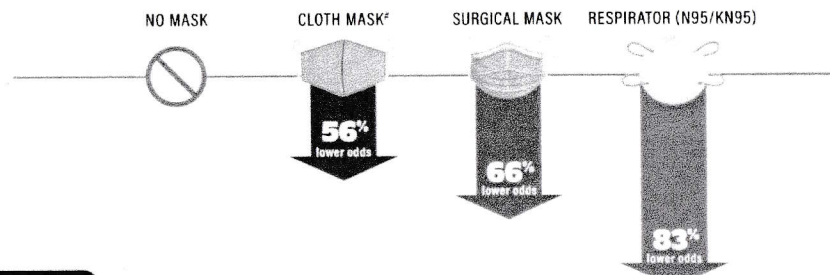
Elastomeric masks
(reusable face piece,
replaceable filters) give
the *best* seal,⁴⁰ assuming
the model fits your face!⁴¹

N95+ filters trap
particles with an
electrostatic charge,
which is why they're
much better than cloth
or surgical masks.⁴²

People who reported always wearing a mask in indoor public settings were
less likely to test positive for COVID-19 than people who didn't*

WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

Among 534 participants reporting mask type



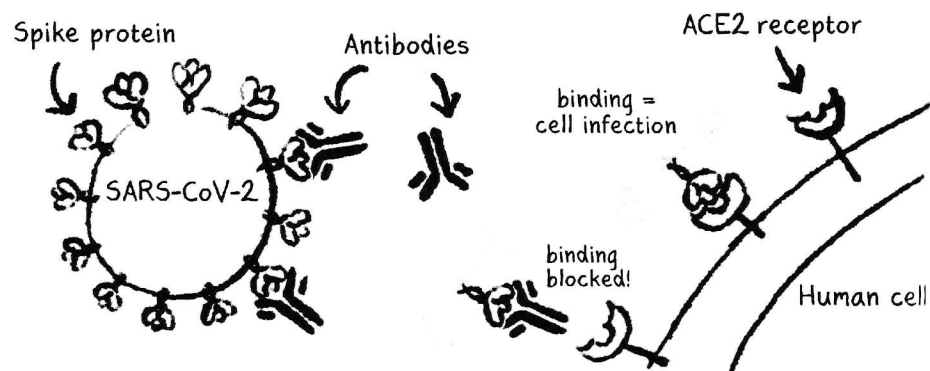
bit.ly/MMWR7106

* Matched case-control study, 1,026 people, Feb 10-Dec 1, 2021
† Compared people with similar characteristics (e.g., vaccination)
‡ Not statistically significant

MMWR

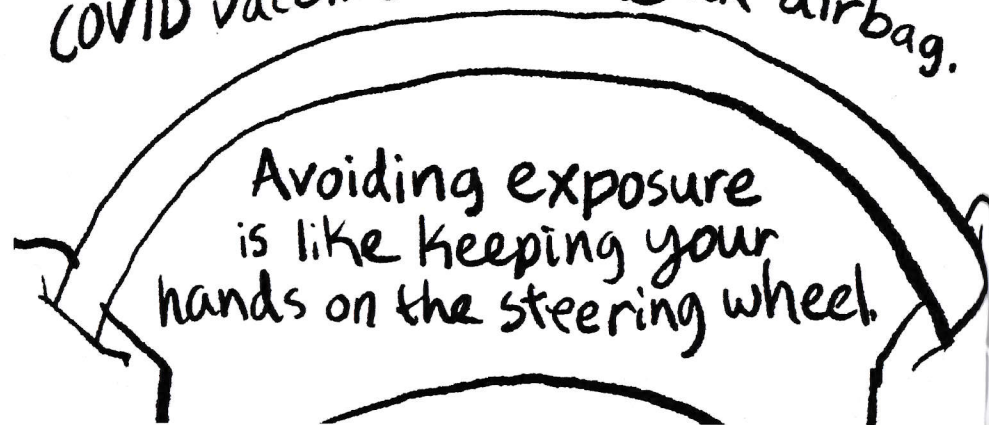
Vaccines and "hybrid immunity" are not enough.

COVID vaccines create antibodies that fight infection. They've greatly reduced *hospitalization and death* from acute infection.²⁸ But antibody levels quickly decline over the following months.²⁹ Vaccines aren't stopping people from *getting infected, spreading COVID*,³⁰ and *long-term damage*.³¹

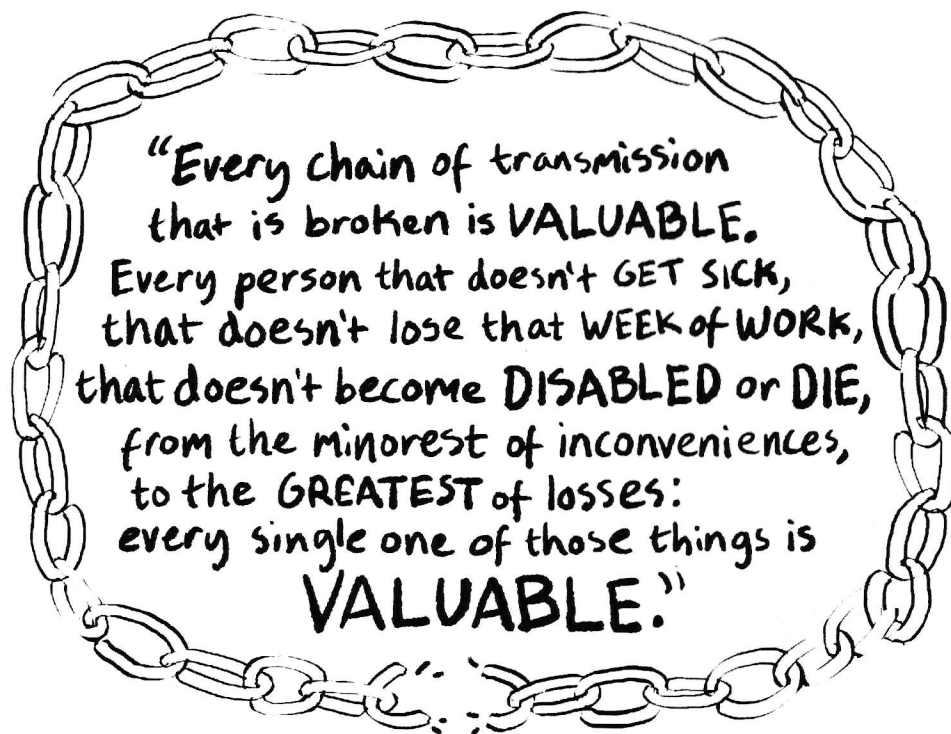


COVID keeps mutating, with new shapes in the spike protein that evade old antibodies.³² You can get reinfected with a different variant, even within weeks.³³

COVID vaccines are like an airbag.



Avoiding exposure
is like keeping your
hands on the steering wheel.

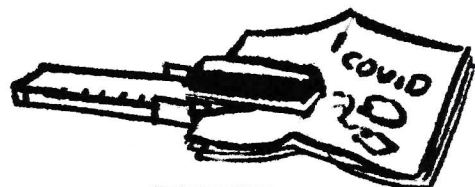


"Every chain of transmission
that is broken is VALUABLE.

Every person that doesn't GET SICK,
that doesn't lose that WEEK of WORK,
that doesn't become DISABLED or DIE,
from the minorest of inconveniences,
to the GREATEST of losses:
every single one of those things is
VALUABLE."

-Becca on DEATH PANEL
podcast 2/16/23

Print and distribute
this zine yourself!
Download a PDF here.



Citations:



newlevant.com/COVIDzine

ALWAYS FREE